

**STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
Through the KANSAS BUREAU OF INVESTIGATION**

INSTRUCTIONS

RENEWAL OF PRIVATE DETECTIVE INDEPENDENT LICENSE

The 2-year renewal application must be completed in its entirety to renew your private detective license. An incomplete application will result in processing delays. The Kansas Bureau of Investigation may take up to **90 days** to process an application.

The renewal application must be accompanied by:

- Two (2) applicant (blue) fingerprint cards. Prints must be clear and fully rolled. **The Waiver Agreement and Statement (both pages) must be accompanied by your fingerprint cards.**
- Two (2) color, front view, photographs (passport size, no smaller than 2 x 2, no larger than 4 x 6), plain light colored background, taken within 30 days before the renewal application is submitted. Do not wear a hat, scarf or other head gear, or sunglasses.
- When applying for renewal of the private detective license, applicant shall provide one copy of all documents evidencing completion of each program of continuing professional education obtained within the biennial renewal period before the applicant's submission of the renewal application.
- \$175.00 Renewal fee. **The application fee is non-refundable.** A personal check, money order, cashiers check make payable to the Kansas Bureau of Investigation. We are able to offer the opportunity to charge any/all private detective licensing fees on your Visa or Master Card credit card. To charge your licensing fees, please complete the credit card form in this packet.
- Verification of a corporate surety bond in the amount of **\$100,000** or more; **OR** a certificate of insurance showing general liability insurance providing coverage in the amount of **\$100,000** or more for bodily injury or property damage caused by negligence and errors or omissions; **OR** verification of **\$100,000** or cash deposit with the State Treasurer.

To allow time for processing the renewal applications, please submit the renewal application, required documents and fees **as soon as possible, but no later than the date of your current license.**

Mail completed renewal application, accompanying documents and renewal fee to:

Private Detective Licensing
Kansas Bureau of Investigation
1620 SW Tyler
Topeka, Kansas 66612-1837

Please direct any questions to Antonia M. Tabor, Program Manager, Private Detective Licensing, (785) 296-4436, e-mail to Toni.Tabor@kbi.state.ks.us or by postal mail.

FEE SCHEDULE PRIVATE DETECTIVE LICENSING, RENEWALS & other items

Independent (self-employed)

License fee - \$250.00 (2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
Requires \$100,000.00 bond **or** certificate of insurance

Agency (employs others)

License fee - \$250.00 (2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
Requires \$100,000.00 bond **or** certificate of insurance

Individual employee (works under the agency license)

License fee - \$250.00 (2yrs from date of issuance)
Renewal fee \$175.00 (2yrs)
(Insurance covered by agency bond or insurance)

Officer, Director, Partner, or Associate (of the Agency engaged in detective business)

License fee - \$100.00 (2yrs from date of issuance)
Renewal fee \$100.00 (2yrs)
(Covered by agency bond or insurance)

Firearms Permit (any licensed PI can apply for a firearms permit)

Fee - \$50.00
Renewal fee \$50.00 (2yrs)

Firearms Trainer

Fee - \$100.00
Renewal fee \$100.00 (2yrs)

Other items:

Badge (and case) - \$96.00 (can only be requested if you have applied for a firearm permit)
Duplicate license - \$5.00 (can only be requested if your license has been lost or stolen)
Information/application packet - \$15.00 (deducted from cost of application)
Current list of private detectives & agencies in Kansas - \$.24 per page

Date of Request

_____ - _____ - 2 0 _____

Name on Credit Card

Mailing Address for Credit Card

Street:

City:

State: _____

Zip
code: _____

Expiration Date

_____ - _____

Visa/MC 16 digit card number

_____ - _____ - _____ - _____ - - - - - _____ - - - - -

Phone Number:

_____ - _____ - _____

Other Information Number:

What is to be billed on the credit card

Check all that apply

- | | | | |
|--------------------------|---|----------------|-------|
| <input type="checkbox"/> | - | PI Packet | _____ |
| <input type="checkbox"/> | - | Application | _____ |
| <input type="checkbox"/> | - | Firearm Permit | |
| <input type="checkbox"/> | - | Badge/Case | |
| <input type="checkbox"/> | - | Renewal | _____ |
| <input type="checkbox"/> | - | Misc - explain | _____ |

Amount to be billed on your credit card

(sample - \$250.00)

\$ _____ . _____

MANDATORY 3 digit auth. code on back of card

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INDEPENDENT PRIVATE DETECTIVE LICENSE
RENEWAL

1. Name: _____

2. As an **Independent** private detective provide:

DBA (doing business as) name (if applicable): _____

Street address: _____
(Number & Street) (Suite) (City) (State) (Zip)

Business phone: _____ Fax number: _____

E-mail: _____

Cell phone: _____

3. Mailing address if different from above: _____

4. Private detective license number: _____

Firearms permit number (if applicable): _____

Badge number (if applicable): _____

Firearm trainer number (if applicable) _____

Please answer the following questions. If you answer “yes” to any of the questions, please provide a separate page with a full explanation.

5. In the past 2 years have you:

(a) been arrested for **any** crime other than minor traffic violations in this state or any other state? ☐ Yes ☐ No

(b) been indicted or convicted of a felony in this state or any other state? ☐ Yes ☐ No

(c) been convicted of a misdemeanor in this state or any other state? ☐ Yes ☐ No

(d) been the subject of a complaint to any department, bureau, board, prosecuting officer, criminal court, or any other governmental or regulatory body or officer in this state or any other state? ☐ Yes ☐ No

(e) had any license as a private detective denied, suspended, revoked, or subjected to other disciplinary action in this state or any other state? ☐ Yes ☐ No

(f) become a law enforcement officer or been granted a special commission from any law enforcement? ☐ Yes ☐ No

(g) been found incompetent, incapacitated or impaired by reason of mental condition, deficiency or disease? ☐ Yes ☐ No

- (h) become addicted to, dependent on or abusive of alcohol or any controlled substance, narcotic or drugs excluding medicines prescribed by a physician? ☐ Yes ☐ No
- (i) received inpatient or outpatient treatment for alcohol, any controlled substance, narcotic or drug addiction, dependence or abuse? ☐ Yes ☐ No

If you answered yes please explain: _____

APPLICANT'S AFFIDAVIT

(Must be signed before a Notary Public)

I, _____, of lawful age, being first duly sworn, on my oath,
(Applicant Please Print your name)

State that I am the renewal applicant, herein. I have read and examined the statements made in the above renewal application, including all statements made in any accompanying papers, and that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary's Signature

My commission expires: _____

PERSONAL INFORMATION:

Name: _____

Alias or other names used: _____
(to include maiden name and prior married names, etc)

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Residence Address: _____
(Number & Street) (City) (State) (Zip Code)

Home Phone Number: _____

Cell Phone Number: _____

SIGNATURE OF PRIVATE DETECTIVE

Please sign in the box below:

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WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) _____ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

WAIVER AGREEMENT AND STATEMENT (Cont.)
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website:

<http://www.kansas.gov/kbi/criminalhistory>. Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: http://www.fbi.gov/about-us/cjis/background-checks/background_checks. Or, you may write to:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity: ☐ Driver's License ☐ State Issued ID Card
☐ Military ID Card

State/Branch: _____ ID Number: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT
COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK